KENTUCKY DEPARTMENT OF WORKERS CLAIMS ELEMENT TABLE IAIABC RELEASE #1A SUBSEQUENT REPORT OF INJURY

GROUPING	Data	STATE FIELDS/DEFINED ELEMENTS	BM. AP. IP						P1 to P7, P9, PJ		PY, RE,
	Nbr.		4P, FS	02, CO	04	CA	СВ	CD FN	S1 to S9, SJ	RB	and VE
			,						0.1000,00		
TRANSACTION	1	FRANSACTION SET ID	М	М	М	М	М	M M	M	М	М
		MAINTENANCE TYPE CODE	M	М	М	М	М	M M	M	М	M
		MAINTENANCE TYPE CODE DATE	M	М	М	М	M	M M	M	М	M
JURISDICTION		JURISDICTION	M	M	M	М	M	M M	M	М	M
CLAIM ADMINISTRATOR		NSURER FEIN	M	M	M	M	M	M M	M	М	M
OD ANN ADMINISTRATION		THIRD PARTY ADMINISTRATOR FEIN	C	C	С	C	C	C C	C	С	C
		CLAIM ADMINISTRATOR POSTAL CODE	M	M	M	M	M	M M	M	M	M
CLAIMANT		SOCIAL SECURITY NUMBER	M	M	M	M	M	M M	M	M	M
		NUMBER OF DEPENDENTS	0	0	0	0	0	0 0	0	0	0
		PRE-EXISTING DISABILITY	0	0	0	0	0	0 0	0	0	0
		DATE DISABILITY BEGAN	M	C	0	0	0	M O	M	0	0
		DATE OF MAX MEDICAL IMPROVEMENT	C	C	0	0	0	0 C	C	0	0
		RETURN TO WORK QUALIFIER	C	C	0	0	0	0 C	C	0	0
		DATE OF RETURN/RELEASE TO WORK	C	C	0	0	0	0 0	C	0	0
		EMPLOYEE DATE OF DEATH	C	C	C	C	C	M C	C	C	C
WAGE		NAGE	M	C	0	0	0	O M	0	0	0
WAGE		WAGE PERIOD	M	C	0	0	0	O M	0	0	0
				C		0			0		0
		NUMBER OF DAYS WORKED	M M	C	0	0	0	0 M	0	0	0
ACCIDENT		SALARY CONTINUED INDICATOR		_			0	O M			
ACCIDENT		DATE OF INJURY	M	M	M	M	M	M M	M	M	M
		NSURED REPORT NUMBER	0	0	0	0	0	0 0	0	0	0
		CLAIM ADMINISTRATOR CLAIM NUMBER	M	M	M	M	M	M M	M	M	M
OLANA OTATUO		AGENCY CLAIM NUMBER	M	M	M	M	M	M M	M	M	M
CLAIM STATUS		CLAIM STATUS	0	0	0	0	0	0 0	0	0	0
		CLAIM TYPE	M	С	0	0	0	M M	0	0	0
		AGREEMENT TO COMPENSATE CODE	0	0	0	0	0	0 0	0	0	0
		DATE OF REPRESENTATION	0	0	0	0	0	0 0	0	0	0
PAYMENTS		ATE REASON CODE	С	С	С	С	С	C C	С	С	С
VARIABLE SEGMENT COUNTERS		NUMBER OF PERMANENT IMPAIRMENTS	М	М	М	М	М	M M	M	М	М
		NUMBER OF PAYMENTS/ADJUSTMENTS	M	М	М	М	М	M M	M	М	M
		NUMBER OF BENEFIT ADJUSTMENTS	M	М	М	М	М	M M	M	М	M
		NUMBER OF PAID TO DATES/REDUCED EARNINGS/RECOVERIES	M	M	M	М	М	M M	M	М	М
	82	NUMBER OF DEATH DEPENDENT/PAYEE RELATIONSHIPS	M	M	M	М	M	M M	M	М	М
VARIABLE SEGMENTS											
		PERMANENT IMPAIRMENTS									
	83	PERMANENT IMPAIRMENT BODY PART CODE	С	С	0	0	С	O C	С	С	
	84	PERMANENT IMPAIRMENT PERCENT	С	С	0	0	С	O M	С	С	
		PAYMENT/ADJUSTMENTS									
	85	PAYMENT/ADJUSTMENT CODE	M	0	0	М	М	O M	M	M	
	86	PAYMENT/ADJUSTMENT PAID TO DATE	M	0	0	М	М	O M	M	М	
	87	PAYMENT/ADJUSTMENT AMOUNT	M	0	0	М	М	O M	M	М	
	88	PAYMENT/ADJUSTMENT START DATE	M	0	0	М	М	O M	M	М	
	89	PAYMENT/ADJUSTMENT END DATE	0	0	0	С	С	O M	M	0	
	90	PAYMENT/ADJUSTMENT WEEKS PAID	M	0	0	М	М	O M	M	М	
	91	PAYMENT/ADJUSTMENT DAYS PAID	M	0	0	М	М	O M	M	М	
		BENEFIT ADJUSTMENTS									
	92	BENEFIT ADJUSTMENT CODE	С	0	0	С	0	0 C	0	0	
	93	BENEFIT ADJUSTMENT AMOUNT	С	0	0	С	0	0 C	0	0	·
	94	BENEFIT ADJUSTMENT START DATE	С	0	0	С	0	O C	0	0	
		PAID TO DATE/REDUCED EARNINGS/RECOVERIES									
	95	PAID TO DATE/REDUCED EARNINGS/RECOVERIES CODE	С	С	0	С	0	ОС	С	С	
	96	PAID TO DATE/REDUCED EARNINGS/RECOVERIES AMOUNT	C	C	0	C	0	0 C	C	C	
		DEATH DEPENDENT/PAYEE RELATIONSHIPS				-			-		
	97	DEPENDENT/PAYEE RELATIONSHIP	С	С	0	0	0	ОС	0	С	
		1=					<u> </u>				